

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
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26		25				
27		26				
28		27				
29		28				
30	1					
31		1				
32		2				
33		3				
34		4				
35		5				
36		6				
37		7				
38		8				
39		9				
40		10				
41		11				
42		12				
43		13				
44		14				
45		15				
46		16				
47		17				
48		18				
49		19				
50		20				
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS		38				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS						